



Atty. Dkt. No. 016777-0528

TRW 41654

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Daniel J. DRUCKER

Title: GLUCAGON-LIKE PEPTIDE-2 AND ITS THERAPEUTIC USE

Appl. No.: 10/042,746

Filing Date: 11/20/2002

Examiner: Jennifer I. Harle

Art Unit: 1654

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

No fee is required for additional claims as calculated below:

	Claims As Amended	Previously Paid For	=	Extra Claims Present	x	Rate	=	Additional Claims Fee	
Total Claims:	3	-	20	=	0	x	\$50.00	=	\$0.00
Independent Claims:	3	-	4	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:				+		\$360.00	=	\$0.00	
					CLAIMS FEE TOTAL		=	\$0.00	

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<b>[ X ] Extension for response filed within the third month:</b>	<b>\$1,020.00</b>	<b>\$1,020.00</b>
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
	EXTENSION FEE TOTAL:	\$1,020.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$1,020.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$510.00
	TOTAL FEE:	\$510.00

[ X ] A check in the amount of \$510.00 is enclosed.

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

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Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By Michele M. Simkin

Date August 15, 2005  
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